

Youth Program Permission Form

FILL IN AND RETURN TO HORN FARM CENTER STAFF

Horn Farm Center for Agricultural Education requires a permission form signed by a parent or legal guardian for anyone under the age of 14 to participate in a program. This signed form will be kept on file until the end of the calendar year in which it is signed.

I verify that _____ (youth volunteer name) is currently ____ years of age and I, _____ (parent's/guardian's name) give permission for him/her/them to participate in the **Becoming the Animal program** at Horn Farm Center for Agricultural Education.

I understand and certify that as legal guardian of _____, my child's participation in activities at Horn Farm Center for Agricultural Education (HFC) is completely voluntary, and I have familiarized myself with the program and activities in which my child will be participating. I recognize that certain hazards and dangers are inherent with any activity at HFC and I acknowledge that although safety measures are taken to minimize the risk of injury to participants, HFC cannot ensure or guarantee that the participants, equipment, premises, and/or activities will be free from hazards, accidents, and/or injuries.

I further recognize that in consideration of participation, and knowing the dangers, hazards and risks (foreseen or unforeseen) I agree to release and hold harmless Horn Farm Center for Agricultural Education, its officers and directors, employees, agents, and volunteers, from any and all liability, actions, causes of actions, claims, expenses, and damages for injuries sustained to my child and/or property, whether or not resulting from negligence, which result from my child's participation or any other associated activities.

I agree to pay the costs associated with participation and I have instructed my child in the importance of following the instructions of the staff, abiding by the procedures for safe participation and acting in a responsible manner as outlined in the HFC Youth Program Policies.

In the case of emergency illness or injury, I acknowledge that I am solely responsible for all medical and other costs arising out of bodily or any loss sustained through participation in program activities. I authorize program staff to secure any licensed hospital, physician and/or medical personnel for any treatment deemed necessary for the participant's immediate care.



Center for Agricultural Education

4945 Horn Road, York, PA 17406 • 717.757.6441 • info@hornfarmcenter.org • hornfarmcenter.org

By my signature, I hereby attest that I have read the foregoing terms and conditions of this release.

Name (Print): _____ Date _____

Relationship to Youth Participant _____

Signature of Parent or Guardian _____

Program Participant Name (Print) _____

StreetAddress City/State Zip _____

Emergency Contact Name Phone _____

Authorized Guardian for Pick-Up

The following individuals are authorized to pick-up my child, _____:
(child's name)

_____ Relationship to Youth Participant _____
First and Last Name (print)

_____ Relationship to Youth Participant _____
First and Last Name (print)

Signature of Parent or Guardian _____ Date: _____



Youth Media Release

I am aware that by participating in this program or volunteering that my child may be photographed, filmed, or recorded by the facilitators, other students, and/or guests. I am aware of and agree to the potential use of this media in promotional and/or educational materials produced by the facilitators, other students, and/or guests of this event that may be disseminated publically via social media outlets and utilized commercially. I agree to grant Horn Farm Center the right to use my child's image in all forms and media.

I, _____ (parent's/guardian's name) allow the Horn Farm Center for Agricultural Education to use photography containing (name of youth volunteer) _____'s image.

I am aware that these photos may appear on the Horn Farm Center's website, Facebook page, or other forms of publicity and internet advertisement.

Name (Print): _____ Date _____

Relationship to Youth Volunteer _____

Signature of Parent or Guardian _____

Volunteer Name (Print) _____

_____ (Initial) I prefer my child NOT BE PHOTOGRAPHED or VIDEOTAPED.



Youth Emergency Form

I give permission for my child _____ to be taken to the hospital in case of an emergency, and consent to emergency treatment until the time of my arrival at the hospital. I understand that every effort will be made to contact me in the event that such an emergency takes place.

Signature _____ Date _____

The number I can be reached during farm camp session is _____

Name of Secondary Contact Person _____

Phone # of Secondary Contact Person _____

Hospital Preference _____

Hospital Address: _____

Hospital Phone # _____

Health Insurance Company Name _____

Policy # _____

Insurance Company Phone # _____

I give permission to Horn Farm Center staff to give my child the following nonprescription medication:

_____ Tylenol _____ Advil _____ Children's Benadryl _____ Cortisone Cream

_____ I prefer my child not be given any non-prescription medications at HFC

Signature _____ Date _____

My child has the following allergies:

Medication: _____

Food: _____

Other: _____

In the case of severe allergies, parents must provide an allergy action plan, and epi-pen if prescribed by a health care professional.



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MEDICATION FORM

Horn Farm Center Staff cannot administer prescription medication to your child. Your child must self-administer any medications you bring. Medications must be accompanied by a note from the doctor. Please send clear written instructions detailing administration of medication and reason for prescription. Medications must be given to us in the original container with name, medication and dosage clearly labeled w/ your child's name. All medications must have a current manufacturer's expiration date.

Child: _____ Birth date: _____

Medication: _____

Dosage: _____ Route: _____

Time of day medication is to be given: _____

Special Instructions: _____

Purpose of Medication: _____

Possible Side Effects: _____

Start Date: _____ End Date: _____

Signature of Person with Prescriptive Authority _____

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To Be Completed by the Parent or Guardian

I hereby give my permission for _____ to take the above medication as ordered by the Health care provider. I understand that it is my responsibility to furnish this medication. _____

Name (Printed)

Signature

Date



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